Rhode Island Works Employment Plan – Component/Activity Notification

I understand that I am being referred to a provider for services under one of five (5) activity groups (components), and that there are multiple activities in which I could engage under each component.

Component 1: Supportive Services – at CCAP GATEWAY SSTARBIRTH* (circle one)
- Assessment
- DCYF Services
- Domestic Violence Intervention
- Housing Search
- Learning Disability Evaluation/Treatment
- Mental Health Treatment
- ORS / Vocational Rehabilitation
- Physical Health Treatment
- SSI Evaluation
- Substance Abuse Treatment

Component 2: Teen and Family Development – at CCAP RESCARE (circle one)
- GED (General Equivalency Diploma)
- High School Diploma

Component 3: Vocational Training – at CCAP RESCARE DLT (circle one)
- Assessment
- Community Work Experience
- Employment
- Job Search
- Post-Secondary
- Vocational Education
- Work Experience

Component 4: Work Readiness – at CCAP GATEWAY RESCARE DLT (circle one)
- Assessment
- Community Work Experience
- Employment
- Job Search
- Job Skills for Employment
- On the Job Training (OJT)
- Subsidized Private-Sector Employment
- Subsidized Public-Sector Employment
- Work Experience

Component 5: Education – at _______________________________________________________
- Adult Basic Education
- English as a Secondary Language
- GED (General Equivalency Diploma)
- High School Diploma

The provider named above and I will determine which activities/services (within the component checked above) will serve my family best, preparing me to obtain and maintain employment and helping my family to become self-sufficient. I understand any change from one component to another will require a new Employment Plan.

I have received a copy of this Component/Activity Notification.

Signature: ____________________________________________ Date: ____________________________

Referred By: ____________________________________________ Date: ____________________________

* For pregnant and postpartum women only